

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-975)</small>							<small>SERIAL NO.</small> 09/648,480	<small>FILING DATE</small> 					
							<small>APPLICANT(S)</small> 						
8-3-04 3-28-05							CLAIMS						
	<small>AS-PRIOR</small>		<small>AFTER 1st AMENDMENT</small>		<small>AFTER 2nd AMENDMENT</small>			<small>A</small>		<small>B</small>		<small>C</small>	
	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>		<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>
1							51						
2							52						
3	1		1				53						
4		1	1				54						
5		1					55						
6		1					56						
7	1						57						
8				1			58						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	0	2	0		0	TOTAL IND.		0		0		0
TOTAL DEP.	3	0	2	0		0	TOTAL DEP.		0		0		0
TOTAL CLAIMS	5		4				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1300 (REV. 3-79)

U.S. DEPARTMENT OF COMMERCE
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